Engaging the culture, changing the world.

Seattle Pacific UNIVERSITY

**Student Academic Services**

# CATALOG COURSE FORM

This Form should be used whenever a School/College proposes a new course or modifies an existing course. Please fill in the appropriate blanks and follow the Curricular Review Procedures located in the Academic Policy Manual. Catalog Course Changes become effective the summer of each new catalog year, unless granted special permission by the Office of Academic Affairs.

***Submit by December 1 for inclusion in 2013-14 catalog. If received after December 3, this form will be held for the next catalog cycle.***

## COURSE INFORMATION

Subject: _____ Course Number: _____ Implement Change for: Summer Qtr. 2013 Year

**Course Title (30 characters): each block represents a letter, a space or a character.**

Publication Title (Up to 100 characters) _____

New Course ☐ (fill in all appropriate information) ☐ Change to course (Fill in only those items that need to be changed) ☐ Inactivate Course

School/College: _____ Department (Determines Catalog Grouping): _____

Special Approval: _____ (i.e.: Instructor Signature)

Credits: Minimum _____ Maximum _____ Please circle the appropriate Level: UG GR DR

Repeatable: Yes ☐ No ☐ If YES, choose one: (1) # of Times:___ (2) Total # of Credits: _____

Grading Mode: _____ (see directions for options) Schedule Types: _____ _____ _____ (see directions for options)
(R or I) (L or N)

Co-Requisites: _____ Pre-Requisites: _____ Concurrent: Yes No (circle one)

Equivalents: _____ (i.e. - Math 1360 is equivalent to Bus 1360)

Tuition Detail Code: _____Description: _____ Amt: _____ Per Credit/Flat (circle one)

Fee Code: _____Description: _____ Amt: _____ Per Credit/Flat (circle one)

Catalog Text Description: _____

_____

_____

Degree Attributes: Undergraduate courses only

Common Curriculum (___) Foundation (_____) Ways of Knowing (_____) Ways of Engaging (_____)
(Requires Curriculum Committee approval) indicate category indicate category indicate category

***Circle all that apply*** Upper Division Distance Learning Writing (Director: Campus Writing must approve)

Registration Restrictions: **(indicate all those that apply and circle the appropriate restrictions)**

Class: _____Include/Exclude Level: _____Include/Exclude

Major: _____Include/Exclude School: _____ Include/Exclude

**I/We approve this course under the conditions listed above.**

1. Department Chair:_____ Date: _____
2. Graduate Director: _____ Date: _____
3. School/College Dean: _____ Date: _____
4. Curriculum Committee: _____ Date: _____

SAS Use Only: Entered By: Date: